

HFS05 Student Complaints and Appeals Form

PERSONAL DETAILS			
Full Name:			
Position of Complainant/Appellant:			
Phone No:			
Email:			
If the complainant is student, please provide the following details			
Student ID:			
Course Name:			
Complaint/Appeal details			
☐ Complaint Details	☐ Appeal Details		
Date the cause of complaint occurred: Reason for the complaint: General Operations Assessment ESOS related complaint Have you complained about the issue before? yes No If yes, please give the date, the complaint was lodged.	Date to which this appeal refers to: Reason for the appeal: Assessment outcome Any outcome of any application for request ITR (Non-payment) ITR (Poor course progress) Any disciplinary action taken against you. other (please specify below)		
Complaint/Appeal Summary (Please give detailed explanation of complaint/appeal and attach any supporting evidence)			



Declaration		
(Please tick before you sign)		
☐ All the information provided in this form is correct and accurate to the best of my knowledge.		
\Box I am happy to attend any meeting with relevant persons required to resolve the issue.		
Signature:	Date:	
Office Use Only		
Complaint/Appeal Receiving Staff member:		
Date:		
Name of members in panel for resolving the issue		
-		
Actions proposed:		
, retions proposed.		
Implementation of Proposed action by:	☐ Continuous improvement Request.☐ Counselling by the relevant persons.	
,	☐ Change of any service or member. ☐ External Counselling agency	
	☐ Other (Please specify)	



Method to communicate the outcome with the complainant/appellant and date Response of complainant/appellant	☐ If Appeal was successful - then 'Appeal successful' email is sent. ☐ If Appeal was unsuccessful - then 'Appeal unsuccessful' email is sent. ☐ Appeal entry recorded on register Staff: Date: ☐ Agrees and accepts the decision done by panel (The student signs the acceptance, and the record is placed in student's admin file) ☐ Disagrees and unhappy (Student Support Officer will contact student to help student to access services of Overseas Student
Outcome	Ombudsman)
Outcome	☐ Successful ☐ Unsuccessful
	Reason/s for the Outcome:
	HILTON ACADEMY representative:
	Signature:
	Date:



Declaration by complainant/Appellant			
(Please tick before you sign):			
□ I acknowledge that I have been communicated the outcome of the complaint/appeal lodged by me. □ I agree to the decision made by the panel and happy to accept it. □ I disagree to the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.			
Signature:	Date:		
Print Name:			
Signature of HILTON ACADEMY representative:	Date:		
Print Name:			